COMMONWEALTH OF KENTUCKY OFFICE OF INSURANCE 215 WEST MAIN STREET/P.O. BOX 517 FRANKFORT, KENTUCKY 40602 (502) 564-6082 FAX (502) 564-4604

Schedule Of Insurer Fees, Taxes And Deposits

SECTION 1 - FEES

<u>FEES FOR ADMISSION</u> – (Due at time of application)	

	Foreign Insurers	Domestic Insurers
Original Certificate of Authority Filing Charter Documents (Articles and Bylaws)	\$ 500.00 100.00	\$ 500.00 100.00
Filing Annual Statement	100.00	
		
Total Admission Fees	\$ 700.00	\$ 600.00

ANNUAL RENEWAL FEES - (Due March 1)

	Foreign Insurers	Domestic Insurers
Filing Annual Statement Renewal of Certificate of Authorit	,	\$ 100.00 100.00
Audited Financial Statement Quarterly Statements	100.00 N/A 	100.00 300.00
Total Renewal Fees	\$ 300.00	\$ 600.00

MISCELLANEOUS FILING FEES – (Due at time of filing)

\$ 50.00
50.00
50.00
5.00
\$

REMINDER:

Kentucky is a retaliatory state and all fees, premium taxes, deposits will be charged at the rate in Kentucky Law or the rate charged by the domiciliary state, whichever is higher.

CONTACT INFORMATION:

If you have any questions or need assistance, please contact <u>Janet Klapheke</u> at the Financial Standards and Examination Division Phone (502) 564-6082 • Fax at (502) 564-4604 E-mail <u>Janet Klapheke@ky.gov</u>.

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SECTION 2 - TAXES

PREMIUM TAXES - (Due March 1)

Please refer to KRS 136.320 thru 410 for state premium taxes. All state premium taxes must be forwarded, by March 1, to the:

Kentucky Department of Revenue

P. O. Box 1303 Frankfort, KY 40602-1303

OR

Kentucky Department of Revenue

501 High St. Frankfort, KY 40601

For municipal premium taxes, please refer to KRS 91A-080 and contact Kentucky Office of Insurance, P. O. Box 517, Frankfort, KY 40602-0517.

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SECTION 3 – DEPOSITS – (In place at time of Admission)

For Life & Health, Property & Casualty, Title (Both foreign and domestic)

A deposit in the state of domicile for the benefit of **all** policyholders

\$1,000,000

For Limited Health Service Organizations (Both foreign and domestic)

A deposit in Kentucky

50,000

For Health Maintenance Organizations (Both foreign and domestic)

A deposit in Kentucky \$ 500,000

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SECTION 4 – MINIMUM CAPITALIZATION REQUIRED FOR ADMISSION – (In place at time of admission)

Life & Health, Health Maintenance Organization, Property & Casualty, Title

STOCK COMPANY	
Paid Up Capital Unimpaired Surplus	\$1,000,000 2,000,000
Total Surplus to policyholders Including capital stock	\$3,000,000
MUTUAL COMPANY	
Unimpaired Surplus	\$3,000,000

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<u>Limited Health Service Organization</u>

Net Worth \$ 250.000

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